

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		3				
42		3				
43		3				
44		1				
45		2				
46		2				
47		3				
48		1				
49		1				
50		1				
TOTAL IND.	5					
TOTAL DEP.	35					
TOTAL CLAIMS	40					

	IND	DEP	IND	DEP	IND	DEP
51	3					
52	3					
53	3					
54	1					
55	3					
56	1					
57	1					
58	1					
59	1					
60	3					
61	3					
62	3					
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95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	47					
TOTAL CLAIMS	49					